

Please indicate  
interest here:



## POLICY AGREEMENT

TRAINING CENTER PROGRAMS

---

### RECSports GENERAL POLICY

1. I understand that sessions/packages are not refundable. \_\_\_\_\_
2. I understand that I cannot transfer my sessions, package(s) nor gift certificate(s) to another person.  
\_\_\_\_\_
3. I understand that the more feedback I provide my Trainer/ Coach/ Massage Therapist the more effective the service will be. \_\_\_\_\_
4. I understand that it is my responsibility to communicate fully *any and all* medical history information to my Trainer/ Coach/ Massage Therapist. I also understand that I take full responsibility if I inadvertently or purposefully mislead or misinform my Trainer/ Coach/ Massage Therapist, or am not truthful in completing all paperwork. \_\_\_\_\_

### PERSONAL TRAINING (Please enter initials if you have selected Personal Training above)

1. I understand that my sessions expire 120 days after the date of purchase. \_\_\_\_\_
2. I understand that I have the right to upgrade my session package at any time; however, I can only do one upgrade per package. \_\_\_\_\_
3. I understand that I can request a trainer. If the trainer is unavailable, however, I will be given the option of waiting up to 4 weeks for that trainer or I will be scheduled with another trainer. \_\_\_\_\_
4. I understand that there will be certain expectations of me that the trainer will cover in detail at our first meeting. I understand that if I do not commit with 100% effort to this program that my assigned trainer can request that I train with someone else. \_\_\_\_\_
5. I understand that if I am uncomfortable with a particular exercise I can ask the trainer why I am doing it and can request the exercise be changed. \_\_\_\_\_
6. I understand that my personal training assessment is free with the purchase of a training package. If I do not show up for this appointment and do not give at least 24 hours' notice, I will have to make up the appointment and I will be charged a training session for the assessment. \_\_\_\_\_

### SMALL GROUP TRAINING (Please enter initials if you have selected Small Group Training above)

1. I understand that I can only attend the course and/or classes for which I registered. I understand that in the event of missing a class, no refunds or make-up classes will be given. \_\_\_\_\_
2. I am aware of the dates and times of the class for which I registered. \_\_\_\_\_

### MASSAGE THERAPY (Please enter initials if you have selected Massage Therapy above)

1. I understand that my first appointment will require paperwork to be filled out. I must arrive 15 minute ahead of my scheduled appointment to complete intake forms before the massage can begin. \_\_\_\_\_
2. I understand that tardiness will result in a shorter massage appointment. \_\_\_\_\_
3. I understand that if I cancel with at least 24 hours' notice, I may reschedule my appointment within **30 days** of my original appointment, free of charge. \_\_\_\_\_
4. I understand that if I cancel or reschedule my appointment with less than 24 hours' notice, I may reschedule my appointment within **30 days** of my original appointment, and there will be a \$20.00 cancellation/reschedule charge. \_\_\_\_\_
5. I understand that my package sessions expire 120 days after the date of purchase or first official appointment of any package. \_\_\_\_\_
6. I understand that I can request a Massage Therapist. If the Massage Therapist is unavailable, however, I will be given the option of waiting for that Massage Therapist's next available appointment time, or I can choose to be scheduled with another Massage Therapist. \_\_\_\_\_
7. I understand that it is my responsibility to call or visit the Training Center at the Southwest Recreation Center to schedule my appointment. \_\_\_\_\_

---

**Personal Training Information (Complete only if you are requesting this service)**

---

Please list your primary goal for hiring a personal trainer? \_\_\_\_\_

Please select days per week and time per day that works best for you

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

6am-9am  
9am-12pm  
12pm-3pm  
3pm-6pm  
6pm-9pm  
9pm-12pm

Have you ever worked with a personal trainer before? \_\_\_\_\_

Would you like to request a specific trainer? \_\_\_\_\_

Do you prefer a male or female trainer? \_\_\_\_\_

How many times per week would you like to work out in total? \_\_\_\_\_

How many times per week would you like to work out with a trainer? \_\_\_\_\_

Prior to your first training session, you will participate in:

- **Fitness Assessment** (Fitness Assessment Center at **Southwest Recreation Center**)
- An **Initial Consultation** with your trainer. The initial consultation will serve to go over your goals and expectations in detail. List below any additional information that would aid in this process.

\_\_\_\_\_  
\_\_\_\_\_

---

**Massage Therapy Information (Complete only if you are requesting this service)**

---

Are you currently under medical supervision? \_\_\_\_\_ (Please Select)

- If yes, please explain: \_\_\_\_\_

Please list any medications, vitamins, and/or supplements you are currently taking:

\_\_\_\_\_

Please list any allergies you might have: \_\_\_\_\_

Have you had a professional massage therapy session? \_\_\_\_\_ (Please Select)

- If yes, how long ago was your last professional massage therapy session? \_\_\_\_\_

Please describe your goals of the massage session:

\_\_\_\_\_

Describe any surgeries, hospitalizations, accidents, or injuries you have had:

- Less than 5 years ago: \_\_\_\_\_
- More than 5 years ago: \_\_\_\_\_
- Do you feel that you have recovered from these events? \_\_\_\_\_ (Please Select)  
If no, please explain: \_\_\_\_\_

Do you have any chronic, ongoing pain that you deal with on a regular basis? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Describe what activities cause this pain and/or make it worse:  
\_\_\_\_\_

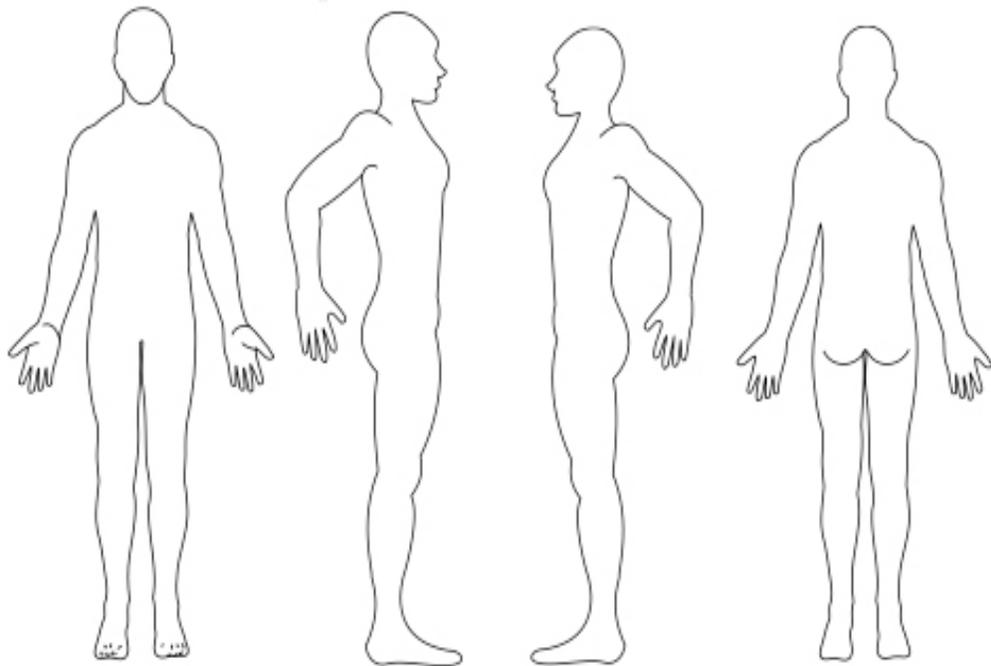
Are you receiving any other type of medical treatment? \_\_\_\_\_ (Please Select)

Please explain: \_\_\_\_\_

Is there any other medical condition that we need to be aware of? \_\_\_\_\_ (Please Select)

Please explain: \_\_\_\_\_

Please indicate areas of pain or discomfort.



I understand that the professional massage therapy session is for general wellness purposes and that massage services offered to me are not a substitute for medical care. I further understand that I should seek care from a doctor or other health care provider for diagnosis and treatment of any suspected medical problem. Also, it is my responsibility to keep my massage therapist informed of any changes in my health, and any medications that I may begin to take in the future.

Signature \_\_\_\_\_

Date \_\_\_\_\_